

10/564497

IAP20 Rec'd PCT/PTO 12 JAN 2006

Application Data Sheet

Application Information

Application number::

Filing Date:: 01/12/06

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Methods for Treating Vascular Diseases

Attorney Docket Number:: 00786/443002

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Randall
Middle Name:: T.
Family Name:: Peterson
Name Suffix::
City of Residence:: Stoneham
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 42 Perkins Street
City of mailing address:: Stoneham
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02180

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Great Britain
Status:: Full Capacity
Given Name:: Calum
Middle Name:: A.
Family Name:: Macrae

Name Suffix::

City of Residence:: Newton Center
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 142 Truman Road
City of mailing address:: Newton Center
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stanley

Middle Name:: Y.

Family Name:: Shaw

Name Suffix::

City of Residence:: Chestnut Hill

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 12 Larkin Road

City of mailing address:: Chestnut Hill

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02467

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: J.
Family Name:: Milan
Name Suffix::
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 396 Beacon Street, # 3
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Travis
Middle Name:: A.
Family Name:: Peterson
Name Suffix::
City of Residence:: Naperville
State or Province of Residence:: IL

Country of Residence:: US
Street of mailing address:: 25 West 200 Highview Drive

City of mailing address:: Naperville
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60563

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: C.
Family Name:: Fishman
Name Suffix::
City of Residence:: Newton Center
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 43 Kenwood Avenue
City of mailing address:: Newton Center
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02459

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application:: This Application	Continuity Type:: National stage of	Parent Application:: Parent Filing Date:: PCT/ US04/020893 06/30/04
PCT/ US04/020893	An application claiming the benefit under 35 USC 119(e)	60/486,964 07/14/03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignee Information

Assignee name:: The General Hospital Corporation
Street of mailing address:: 55 Fruit Street
City of mailing address:: Boston
State of Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02114